



1997 ECONOMIC CENSUS
HOSPITALS

OMB No. 0607-0827: Approval Expires 10/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

SV-8004

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other – Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

a. How many months during 1997 was this establishment actively operated?

Number of months

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation – Give date at right
4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month

Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 4. LEGAL FORM OF ORGANIZATION AND TAX STATUS

a. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997?

Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)
2 Partnership – Mark (X) this box if you file a partnership Federal income tax form.
5 Government – Mark (X) this box if this establishment is operated by or under the control of a government entity or a board of directors either appointed by such an entity or publicly elected.
0 Corporation – Mark (X) this box if you file a corporate Federal income tax form, including Form 990 series of returns.
9 Other – Specify

b. TAX STATUS

(1) Is this establishment operated on a not-for-profit basis?

005 1 Yes 2 No – Skip to item 5

(2) Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 115 or 501 of the Internal Revenue Code?

004 1 Yes 2 No

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 report

Preferred Acceptable

Mil-lions (000) Thou-sands (000) Dol-lars (000)

1 126

1 125 629

Item 5. DOLLAR VOLUME

Mil. Thou. Dol.

If the answer to item 4b(2) was "Yes," skip to part b; otherwise, complete part a and skip to item 6.

a. OPERATING RECEIPTS of this (taxable) establishment in 1997

010

b. REVENUE AND EXPENSES of this (tax-exempt) establishment in 1997

010

(1) REVENUE

040

(2) EXPENSES (including payroll)

NOTE: Line a – Report TOTAL OPERATING REVENUE (i.e., the sum of net patient revenue (gross patient revenue less contractual allowances) and other operating revenue).

Line b(1) – Report NET REVENUE (i.e., the sum of net patient revenue, other operating revenue, and nonoperating revenue).

Governmental establishments should include revenue from appropriations and intergovernmental transfers, while excluding revenue and expenses of off-station activities (i.e., outpatient centers, vet centers).

Exclude billings for services provided by personnel who practice at (but are not employees of) this institution and bill on their own account.

Item 6. PAYROLL		Mil.	Thou.	Dol.
Payroll in 1997, BEFORE DEDUCTIONS		030		
a. Annual				
b. First quarter (January–March)		031		
Item 7. EMPLOYMENT		Number		
Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)		032		
Item 8. KIND OF ACTIVITY OR FACILITY <i>Mark (X) the ONE box which best describes this facility or its primary activity in 1997.</i>				
Hospitals				
General medical and surgical hospital (including osteopathic hospitals and combination hospital/nursing care facilities)		070	<input type="checkbox"/>	8062001
Psychiatric hospital			<input type="checkbox"/>	8063001
Children’s hospital			<input type="checkbox"/>	8069011
Alcohol or substance abuse rehabilitation hospital			<input type="checkbox"/>	8069021
Mental retardation hospital			<input type="checkbox"/>	8053202
Specialty hospital (excluding alcohol or substance abuse rehabilitation, children’s, mental retardation, or psychiatric) – <i>Describe</i>			<input type="checkbox"/>	8069031
Nursing and residential care facilities				
Mental retardation facility (e.g., group home or intermediate care facility providing residential care for the mentally retarded)			<input type="checkbox"/>	8053201
Continuing care retirement community (residential care with nursing care facility on-site)			<input type="checkbox"/>	8053301
Nursing care facility (providing nursing and rehabilitative services)			<input type="checkbox"/>	8053101
Residential alcohol or substance abuse rehabilitation facility (except nursing care facility)			<input type="checkbox"/>	8361101
Residential facility for the mentally ill (except facilities for the mentally retarded)			<input type="checkbox"/>	8361102
Other nursing or residential care facility – <i>Describe</i>			<input type="checkbox"/>	7777775
Other health services				
Ambulatory surgical center			<input type="checkbox"/>	8011041
Government hospital district not providing hospital services			<input type="checkbox"/>	9431001
Other health service – <i>Describe</i>			<input type="checkbox"/>	7777776
Other kind of activity or facility – <i>Describe</i>			<input type="checkbox"/>	7777777
Item 9. SOURCES OF RECEIPTS OR REVENUE				
Report receipts or revenue by source in dollar figures (see example for item 5).				
Please do not combine data for two or more receipts or revenue lines.				
NOTE – Both taxable and tax-exempt establishments should complete all applicable lines.				
Lines a and b – Report receipts from governments (e.g., Medicare, Medicaid), insurance carriers, health plans, and patients for medical services to individuals.				
Lines c, d, and e – Report sales that are charged separately from medical services provided.				
Line f – Report receipts or revenue from contract research only. Grants received for research should be reported on line j.				
Line h – Include receipts from television rental, parking fees, etc., if such operations are owned and operated by this institution. Also include receipts from educational programs, medical transcript fees, and other services not reported on lines a through g.				
Line j – Include grants received for research. Receipts or revenue from contract research should be reported on line f.				
Line k – Report investment income, including interest and dividends. Do not include proceeds from the sale of investments and other assets.				
Lines l – Report only rents and commissions from departments and concessions not owned and operated by this institution. Do not include their gross sales or billings.				
Item 9. SOURCES OF RECEIPTS OR REVENUE – Continued				
Line m – Do not include receipts from government programs (e.g., Medicare, Medicaid) on this line.				
Line n – Amounts received from providing goods or services, except medical, to patients and others should be reported on lines c through h.				
Sources of receipts or revenue	Cen- sus use	ESTIMATES are acceptable		
		Mil.	Thou.	Dol.
a. Inpatient services	400	401		
(1) Nursing home services	5100			
(2) All other inpatient services	5200			
b. Outpatient services				
(1) Home health care services	5150			
(2) All other outpatient services	5250			
c. Food and beverage sales (including cafeteria)	8500			
d. Sales of durable medical equipment	8625			
e. Sales of all other merchandise (e.g., gift shop, florist)	8626			
f. Contract research	5300			
g. Rental and leasing of goods and equipment				
(1) Rental and leasing of medical equipment	8551			
(2) All other goods and equipment rental and leasing	8552			
h. All other amounts received from providing services to patients and others – <i>Describe if more than 10 percent of total receipts or revenue</i>				
	076			
	8971			
i. OPERATING RECEIPTS – For taxable establishments, sum of lines a through h should equal item 5a	8990			
j. Contributions, gifts, grants				
(1) Government	9000			
(2) Private (including individuals, community efforts, and commissioned fundraisers)	9050			
k. Investment income, including interest and dividends	9100			
l. Rents and commissions from departments and concessions not owned and operated by this institution	9150			
m. Appropriations from general government revenues and intergovernmental transfers – Only governmental or military institutions should report here	9200			
n. All other revenue – <i>Describe if more than 10 percent of total receipts or revenue</i>				
	077			
	9504			
o. TOTAL REVENUE – For tax-exempt and governmental establishments, sum of lines a through h and j through n should equal item 5b(1)	9990			
Item 10. GOVERNMENT OWNERSHIP AND CONTROL				
(To be completed by establishments reporting "Government" in item 4a)				
Which level of government operates or controls this establishment?				
554				
(1) Federal – Including all armed services, Veterans Administration, Public Health Service, etc.	1 <input type="checkbox"/>			
(2) State	2 <input type="checkbox"/>			
(3) Local – Including county, city, hospital district or authority, etc.	3 <input type="checkbox"/>			

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 ☐ Yes – Complete this item

2 ☐ No – Skip to item 12

b. Is this company owned or controlled by another company?

097

1 ☐ Yes →

2 ☐ No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

098

1 ☐ Yes →

2 ☐ No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

079

Number

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1	Name	1997	Mil.	Thou.	Dol.
	Number and street	Receipts or revenue	081		
		Annual payroll	082		
	City	State	ZIP Code		
	Kind-of-business description	Paid employees for pay period including March 12			
		083			
Census use 088					
2	Name	1997	Mil.	Thou.	Dol.
	Number and street	Receipts or revenue	081		
		Annual payroll	082		
	City	State	ZIP Code		
	Kind-of-business description	Paid employees for pay period including March 12			
		083			
Census use 088					
3	Name	1997	Mil.	Thou.	Dol.
	Number and street	Receipts or revenue	081		
		Annual payroll	082		
	City	State	ZIP Code		
	Kind-of-business description	Paid employees for pay period including March 12			
		083			
Census use 088					

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 12. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – Print or type		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS